

United States Bankruptcy Court District of Puerto Rico				Voluntary Petition																					
Name of Debtor (if individual, enter Last, First, Middle): AGUADA COMMUNITY CLINIC			Name of Joint Debtor (Spouse) (Last, First, Middle):																						
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): d/b/a CLINICA SAN FRANCISCO DE AGUADA			All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):																						
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN(if more than one, state all): 66-0582782			Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN(if more than one, state all):																						
Street Address of Debtor (No. & Street, City, and State): 106 COLON ST. AGUADA PR			Street Address of Joint Debtor (No. & Street, City, and State):																						
ZIP CODE 00602			ZIP CODE																						
County of Residence or of the Principal Place of Business: AGUADA			County of Residence or of the Principal Place of Business:																						
Mailing Address of Debtor (if different from street address): PO BOX 592 AGUADA PR			Mailing Address of Joint Debtor (if different from street address):																						
ZIP CODE 00602			ZIP CODE																						
Location of Principal Assets of Business Debtor (if different from street address above): PO BOX 592 AGUADA, PUERTO RICO			ZIP CODE 00602																						
Type of Debtor (Form of Organization) (Check one box.) <input type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) <hr style="width: 100px; margin-left: 0;"/>		Nature of Business (Check one box) <input checked="" type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other <hr style="width: 100px; margin-left: 0;"/> <input type="checkbox"/> Tax-Exempt Entity (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code.)		Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 </div> <div> <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding </div> </div> <hr style="width: 100%;"/> Nature of Debts (Check one box) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." </div> <div> <input checked="" type="checkbox"/> Debts are primarily business debts. </div> </div>																					
Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b) See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.			Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000. <hr style="border-top: 1px dashed black;"/> Check all applicable boxes <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).																						
Statistical/Administrative Information <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.					THIS SPACE IS FOR COURT USE ONLY																				
Estimated Number of Creditors <table style="width:100%; text-align: center;"> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>1-49</td> <td>50-99</td> <td>100-199</td> <td>200-999</td> <td>1,000-5,000</td> <td>5,001-10,000</td> <td>10,001-25,000</td> <td>25,001-50,000</td> <td>50,001-100,000</td> <td>Over 100,000</td> </tr> </table>						<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-49	50-99	100-199	200-999	1,000-5,000	5,001-10,000	10,001-25,000	25,001-50,000	50,001-100,000	Over 100,000
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>															
1-49	50-99	100-199	200-999	1,000-5,000		5,001-10,000	10,001-25,000	25,001-50,000	50,001-100,000	Over 100,000															
Estimated Assets <table style="width:100%; text-align: center;"> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>\$0 to \$50,000</td> <td>\$50,001 to \$100,000</td> <td>\$100,001 to \$500,000</td> <td>\$500,001 to \$1 million</td> <td>\$1,000,001 to \$10 million</td> <td>\$10,000,001 to \$50 million</td> <td>\$50,000,001 to \$100 million</td> <td>\$100,000,001 to \$500 million</td> <td>\$500,000,001 to \$1 billion</td> <td>More than \$1 billion</td> </tr> </table>					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																
\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion																
Estimated Liabilities <table style="width:100%; text-align: center;"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>\$0 to \$50,000</td> <td>\$50,001 to \$100,000</td> <td>\$100,001 to \$500,000</td> <td>\$500,001 to \$1 million</td> <td>\$1,000,001 to \$10 million</td> <td>\$10,000,001 to \$50 million</td> <td>\$50,000,001 to \$100 million</td> <td>\$100,000,001 to \$500 million</td> <td>\$500,000,001 to \$1 billion</td> <td>More than \$1 billion</td> </tr> </table>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																
\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion																

Voluntary Petition <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): AGUADA COMMUNITY CLINIC	
All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet.)			
Location Where Filed: NONE	Case Number:	Date Filed:	
Location Where Filed:	Case Number:	Date Filed:	
Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)			
Name of Debtor: NONE	Case Number:	Date Filed:	
District:	Relationship:	Judge:	
Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms IOK and IOQ) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)		Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. § 342(b). X Not Applicable Signature of Attorney for Debtor(s) _____ Date _____	
<input type="checkbox"/> Exhibit A is attached and made a part of this petition.			
Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No			
Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) <input type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: <input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.			
Information Regarding the Debtor - Venue (Check any applicable box)			
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.			
<input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate , general partner, or partnership pending in this District.			
<input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes.)			
<input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following). <div style="text-align: right;"> _____ (Name of landlord that obtained judgment) </div> <div style="text-align: right;"> _____ (Address of landlord) </div>			
<input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and			
<input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.			
<input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).			

Official Form 1 (04107)

FORM B1, Page 3

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

AGUADA COMMUNITY CLINIC

Signatures

Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X Not Applicable

Signature of Debtor

X Not Applicable

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

Date

X

Signature of Attorney

Signature of Attorney for Debtor(s)

F. DAVID GODREAU ZAYAS Bar No. 123207

Printed Name of Attorney for Debtor(s) / Bar No.

LAMITER, BIAGGI, RACHID & GODREAU

Firm Name

PO BOX 9022512 SAN JUAN PT 00902-2512

Address

(787)724-0230

Telephone Number

(787)724-9171

Date

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests the relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

DR. EDGARDO BAUCAGE

Printed Name of Authorized Individual

PRESIDENT

Title of Authorized Individual

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of Title 11, United States Code. Certified Copies of the documents required by § 1515 of title 11 are attached.

☐ Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the Chapter of title 11 specified in the petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X Not Applicable

(Signature of Foreign Representative)

(Printed Name of Foreign Representative)

Date

Signature of Non-Attorney Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19B is attached.

Not Applicable

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. 110.)

Address

X Not Applicable

Date

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.

B6 Summary (Official Form 6 - Summary) (12107)

**United States Bankruptcy Court
District of Puerto Rico**

In re AGUADA COMMUNITY CLINIC
Debtor

Case No. _____

Chapter 7

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the 'Statistical Summary of Certain Liabilities and Related Data' if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	YES	1	\$ 0.00		
B - Personal Property	YES	3	\$ 0.00		
C - Property Claimed as Exempt	YES	0			
D - Creditors Holding Secured Claims	YES	2		\$ 5,682,808.38	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	YES	14		\$ 77,924.60	
F - Creditors Holding Unsecured Nonpriority Claims	YES	14		\$ 2,244,802.44	
G - Executory Contracts and Unexpired Leases	YES	3			
H - Codebtors	YES	1			
I - Current Income of Individual Debtor(s)	NO	0			\$
J - Current Expenditures of Individual Debtor(s)	NO	0			\$
TOTAL		38	\$ 0.00	\$ 8,005,535.42	

B6D (Official Form 6D) (12107)

In re AGUADA COMMUNITY CLINIC

Case No. _____

(If known)

Debtor

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions, Above.)	CO DEB TOR	H U S B A N D W I F E - J O I N T O R C O M M U N I T Y	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	8	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. 101-0900-2287471-9002 BANCO POPULAR PR PO BOX 70354 SAN JUAN PR 00936-8354			MORTGAGE LOAN VALUE \$0.00			X	2,176,154.75	0.00
ACCOUNT NO. BANCO POPULAR PR PO BOX 70354 SAN JUAN PR 00936-8354			LINE OF CREDIT VALUE \$0.00				65,960.99	0.00
ACCOUNT NO. 101-0900-2287471-00011 BANCO POPULAR PR PO BOX 70354 SAN JUAN PR 00936-8354			MORTGAGE LIEN VALUE \$0.00				1,924,999.40	0.00
ACCOUNT NO. COOP AHORRO Y CREDITO AGUADA PO BOX 543 AGUADA PR 00602			LINEA OF CREDIT DR. BAUCAGE VALUE \$0.00				425,000.00	0.00

1 continuation sheets
attached

Subtotal >
(Total of this page)

Total >
(Use only on last page)

\$ 4,592,115.14	\$ 0.00
\$	\$

(Report also on **Summary** of
Schedules) (If applicable, report
also on **Statistical
Summary** of Certain
Liabilities and
Related Data.)

B6D (Official Form 6D) (12107)- Cont.

In re AGUADA COMMUNITY CLINIC

Debtor

Case No. _____

(If known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions, Above.)	CO DEBTO HUSBAND, WIFE JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. CRIM PO BOX 195387 SAN JUAN PR 00919-5387		12108 VALUE \$0.00				529,251.80	0.00
ACCOUNT NO. EUROBANK PO BOX 191009 SAN JUAN PR 00919-1009		CREDIT OF LINE DR. COLON VALUE \$0.00				75,000.00	0.00
ACCOUNT NO. EUROBANK PO BOX 191009 SAN JUAN PR 00919-1009		CREDIT OF LINE DR. BAUCAGE VALUE \$0.00				50,000.00	0.00
ACCOUNT NO. 3064002105 EUROBANK PO BOX 191009 SAN JUAN PR 00919-1009		LINE OF CREDIT GUARANTEE EQUIPMENT VALUE \$0.00				361,441.44	0.00
ACCOUNT NO. 3064001778 EUROBANK PO BOX 191009 SAN JUAN PR 00919-1009		LINE OF CREDIT GUARANTEE EQUIPMENT VALUE \$0.00				75,000.00	0.00

Sheet no. 1 of 1 continuation
sheets attached to Schedule of
Creditors Holding Secured
Claims

Subtotal >
(Total of this page)

Total >
(Use only on last page)

\$ 1,090,693.24	\$ 0.00
\$ 5,682,808.38	\$ 0.00

(Report also on Summary of Schedules) (If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.)

B6E (Official Form 6E) (12107)

In re AGUADA COMMUNITY CLINIC

Debtor

Case No. _____

(If known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets.)

☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☒ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950¹ per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☒ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,400¹ per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,425¹ for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☐ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was **intoxicated** from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

¹ Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

13 continuation sheets attached

B6E (Official Form 6E) (12107) - Cont.

In re AGUADA COMMUNITY CLINIC

Debtor

Case No. _____

(If known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Type of Priority: Wages, Salaries, and Commissions

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See <i>instructions</i> above.)	CO-DEB OR SPANISH OR CO	E-JOINT NITY	DATE C W M WAS INCURRED AND CONSIDERATION FOR CLAIM	ONT INGEN T	UNIQI UJA TED	DISF PUE D	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCOUNT NO. AGUSTIN HERNANDEZ SOTO CALLE JESUS RAMOS 424 MOCA PR 00676			VACATIONS				0.00	2,903.41	\$0.00
ACCOUNT NO. AIDA RODRIGUEZ CORTES HC 59 BOX 6255 AGUADA PR 00602			VACATIONS				0.00	4,779.13	\$0.00
ACCOUNT NO. ANNETTE CARDONA COLON PO BOX 705 AGUADA PR 00602			VACATIONS				0.00	1,149.92	\$0.00
ACCOUNT NO. BRENDA HERNANDEZ LOPEZ PO BOX 4969 AGUADILLA PR 00605			VACATIONS				0.00	517.46	\$0.00
ACCOUNT NO. CARLO ALERS, MD HC 03 BOX 29610 AGUADA PR 00602			PROFESSIONAL SERVICES				720.00	0.00	\$0.00
ACCOUNT NO. CARMEN M. GUZMAN VADI CALLE SAN FRANCISCO #228 AGUADA PR 00602			VACATIONS				0.00	1,376.35	\$0.00

Sheet no. **1** of **13** continuation sheets attached to Schedule of
Creditors Holding Priority Claims

Subtotals
(Totals of this page)

\$	720.00	\$	10,726.27	\$	0.00
\$					
		\$		\$	

Total >
(Use only on last page of the completed
Schedule E. Report also on the **Summary**
of Schedules.)

Total >
(Use only on last page of the completed
Schedule E. If applicable, report also on the
Statistical Summary of Certain Liabilities and
Related Data.)

B6E (Official Form 6E) (12107) - Cont.

In re AGUADA COMMUNITY CLINIC

Debtor

Case No. _____

(If known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Type of Priority: Wages, Salaries, and Commissions

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	8 C O D E	1 S P O U S E, W I F E, J O I N T O R O R C O M M U N I T Y	DATE C W M WAS INCURRED AND CONSIDERATION FOR C W M	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCOUNT NO. CARMEN VERA DELGADO COMUNIDAD LAS FLORES BUXON 29 CALLE ALELI AGUADA PR 00602			VACATIONS				0.00	1,316.37	\$0.00
ACCOUNT NO. CLARIBEL PEREZ ECHEVARIA HC 56 BOX 4662 BARRIO NARANJO AGUADA PR 00602			VACATIONS				0.00	2,177.74	\$0.00
ACCOUNT NO. CUESTSY BONILLA GARCIA RR 02 BOX 4630 BARRIO QUEBRADA LARGA ANASCO PR 00610			VACATIONS				0.00	1,200.00	\$0.00
ACCOUNT NO. DAMARIS ROMAN MUNUZ APARTADO 1445 RINCON PR 00677			VACATIONS				0.00	1,200.00	\$0.00
ACCOUNT NO. DAMARIS RUBIO LOPEZ URB ISABEL LA CATOLICA C-1 B8 AGUADA PR 00602			VACATIONS				0.00	1,200.00	\$0.00
ACCOUNT NO. DANIEL ALVAREZ RIVERA SECTOR EL COBO AGUADILLA PR 00603			VACATIONS				0.00	276.15	\$0.00

Sheet no. 2 of 13 continuation sheets attached to Schedule of
Creditors Holding Priority Claims

Subtotals
(Totals of this page)

Total
(Use only on last page of the completed
Schedule E. Report also on the Summary of
Schedules.)

Total
(Use only on last page of the completed
Schedule E. If applicable, report also on the
Statistical Summary of Certain Liabilities and
Related Data.)

\$	0.00	\$	7,370.26	\$	0.00
\$					
		\$		\$	

B6E (Official Form 6E) (12107) - Cont.

In re AGUADA COMMUNITY CLINIC

Debtor

Case No. _____

(If known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Type of Priority: Wages, Salaries, and Commissions

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CO	OR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	LIQUIDATED	UNLIQUIDATED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCOUNT NO. DANNY ACEVEDO CRESPO PO BOX 1071 AGUADA PR 00602				VACATIONS				0.00	345.00	\$0.00
ACCOUNT NO. DIANA E SANTIAGO ROSARIO BARRIO COSTO PASTILLO #3 ISABELA PR 00662				VACATIONS				0.00	4,892.83	\$0.00
ACCOUNT NO. DIEGO CANABAL PO BOX 286 ISABELA PR 00662				VACATIONS				0.00	92.05	\$0.00
ACCOUNT NO. EDGAR ROMAN MEDINA HC 04 BOX 45715 AGUADILLA PR 00603				VACATIONS				0.00	966.86	\$0.00
ACCOUNT NO. ERICK SANTIAGO, MD PO BOX 1315 RINCON PR 00677				PROFESSIONAL SERVICES				11,692.00	0.00	\$0.00
ACCOUNT NO. EVELYN MUNUZ SANTI URB EXT. JARDINES DE AGUADA E3 BUZON 15 AGUADA PR 00602				VACATIONS				0.00	5,362.90	\$0.00

Sheet no. 3 of 13 continuation sheets attached to Schedule of
Creditors Holding Priority Claims

Subtotals
(Totals of this page)

Total b

(Use only on last page of the completed
Schedule E. Report also on the Summary of
Schedules.)

Total

(Use only on last page of the completed
Schedule E. If applicable, report also on the
Statistical Summary of Certain Liabilities and
Related Data.)

\$ 11,692.00	\$ 11,659.64	\$ 0.00
\$		
	\$	\$

B6E (Official Form 6E) (12107) - Cont.

In re AGUADA COMMUNITY CLINIC

Debtor

Case No. _____

(If known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Type of Priority: Wages, Salaries, and Commissions

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions <i>above</i> .)	OR	DATE CW M WAS INCURRED AND CONSIDERATION FOR C W M	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCOUNT NO. FELIX RIVERA JUSINO PO BOX 1510 AGUADA PR 00602		PROFESSIONAL SERVICES	0.00	215.78	\$0.00
ACCOUNT NO. FLOR M. MORALES BONET BOX 1276 AGUADA PR 00602		VACATIONS	0.00	3,656.39	\$0.00
ACCOUNT NO. GLADYS VARGAS CAPELLA CALLE A 145 RAMEY AGUADILLA PR 00603		PROFESSIONAL SERVICES	0.00	307.77	\$0.00
ACCOUNT NO. GLENDAITRAVERSOMENDOZA HC 03 BOX 29820 AGUADA PR 00602		VACATIONS	0.00	5,121.71	\$0.00
ACCOUNT NO. GRISSEL M TERRON HERNANDEZ HC 03 BOX 18408 QUEBRADILLAS PR 00678		VACATIONS	0.00	1,525.30	\$0.00
ACCOUNT NO. HECTOR GALLOZA GONZALEZ URB. SAN FRANCISCO AGUADA PR 00602		VACATIONS	0.00	46.02	\$0.00

Sheet no. 4 of 13 continuation sheets attached to Schedule of
Creditors Holding Priority Claims

Subtotals
(Totals of this page)

\$ 0.00	\$ 10,872.97	\$ 0.00
\$		
	\$	\$

Total >
(Use only on last page of the completed
Schedule E. Report also on the Summary of
Schedules.)

Total >
(Use only on last page of the completed
Schedule E. If applicable, report also on the
Statistical Summary of Certain Liabilities and
Related Data.)

B6E (Official Form 6E) (12/07) - Cont.

In re AGUADA COMMUNITY CLINIC

Debtor

Case No. _____

(If known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Type of Priority: Wages, Salaries, and Commissions

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See <i>instructions</i> above.)	DEB-OR HUSBAND OR WIFE/J OR IMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCOUNT NO. HEIDY LOPEZ NIEVES PO BOX 1151 AGUADA PR 00602		VACATIONS				0.00	762.00	\$0.00
ACCOUNT NO. HILDA SOTO BENIQUEZ HC 03 BOX 32110 AGUSDA PR 00602		VACATIONS				0.00	1,200.00	\$0.00
ACCOUNT NO. IVETTE LOPEZ ACEVEDO ALTURAS DE AGUADA D-18 AGUADA PR 00602		VACATIONS				0.00	1,286.20	\$0.00
ACCOUNT NO. JAIME SANCHEZ PONCE PO BOX 733 AGUADAILLA 00605		VACATIONS				0.00	1,200.00	\$0.00
ACCOUNT NO. JAVIER E. CARLO HIDALGO SANTIAGO IGLESIAS 9 MAYAGUEZ PR 00685		VACATIONS				0.00	392.95	\$0.00
ACCOUNT NO. JEANNETTE FELICIANO FIGUEROA CALLE SAN NARCISO #228 AGUADA PR 00602		VACATIONS				0.00	6,319.32	\$0.00

Sheet no. 5 of 13 continuationsheets attached to Schedule of
CreditorsHolding Priority Claims

Subtotals >
(Totals of this page)

Total >
(Use only on last page of the completed
Schedule E. Report also on the Summary of
Schedules.)

Total >
(Use only on last page of the completed
Schedule E. If applicable, report also on the
Statistical Summary of Certain Liabilities and
Related Data.)

\$ 0.00	\$ 11,160.47	\$ 0.00
\$		
	\$	\$

B6E (Official Form 6E) (12107) - Cont.

In re AGUADA COMMUNITY CLINIC

Debtor

Case No. _____

(If known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Type of Priority: Wages, Salaries, and Commissions

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See <i>instructions</i> above.)	CO D	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CW M WAS INCURRED AND CONSIDERATION FOR CW M	TINGENT	UNLIQUIDAT	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY. IF ANY
ACCOUNT NO. JESUS NIEVES ALONSO EMB 92 CALLE PROGRESO 14 AGUADILLA PR 00676			VACATIONS				0.00	1,322.21	\$0.00
ACCOUNT NO. JESUS YAPOR FADUL, MD PO BOX 1567 MOCA PR 00676			PROFESSIONAL SERVICES				17,961.00	17,961.00	\$0.00
ACCOUNT NO. JORGE ROMAN, MD PO BOX 56 AGUADA PR			PROFESSIONAL SERVICES				2,362.20	0.00	\$0.00
ACCOUNT NO. JUAN M. GONZALEZ, MD PO BOX 1807 RINCON PR 00677			PROFESSIONAL SERVICES				11,116.20 0.00	0.00	\$0.00
ACCOUNT NO. JUDITH M. MEDINA DAVILA HC 57 BOX 15660 AGUADA PR 00602			VACATIONS					2,283.80	\$0.00
ACCOUNT NO. KATHIRIA E. RIVERA MORALES URB ALTURAS C-3 AGUADA PR 00602			VACATIONS				0.00	276.16	\$0.00

Sheet no. 6 of 13 continuationsheets attached to Schedule of
Creditors Holding Priority Claims

Subtotals>
(Totals of this page)

\$	31,439.40	\$	21,843.17	\$	0.00
\$					
		\$		\$	

Total >
(Use only on last page of the completed
Schedule E. Report also on the Summary of
Schedules.)

Total >
(Use only on last page of the completed
Schedule E. If applicable, report also on the
Statistical Summary of Certain Liabilities and
Related Data.)

B6E (Official Form 6E) (12/07) – Cont.

In re AGUADA COMMUNITY CLINIC

Debtor

Case No. _____

(If known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Type of Priority: Wages, Salaries, and Commissions

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See <i>instructions</i> above.)	COD BTOR	H BBA WIF E/JOIN T OR NY	DATE CWM WAS INCURRED AND CONSIDERATION FOR C W M	CONTIGER	UNLIQUAT ED	DISPTEED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCOUNT NO. LEGNA L. HERNANEZ MUNIZ URB LA MOMSERRATE CALEL DEL PILAR #453 MOCAPR 00676			VACATIONS				0.00	3,903.48	\$0.00
ACCOUNT NO. LESME VALENTIN GUILLET HC 57 BOX 9506 AGUADA PR 00602			VACATIONS				0.00	844.28	\$0.00
ACCOUNT NO. LIDA BAUCAGE, MD PO BOX 1226 MOCA PR 00676			PROFESSIONAL SERVICES				240.00	0.00	\$0.00
ACCOUNT NO. LILIBETH FIGUEROA LOPEZ HC-4 BOX 16487 MOCA PR 00676			VACATIONS				0.00	637.01	\$0.00
ACCOUNT NO. MADELINE CAMPOS COLON B 27 AVE. RUIZ ROSA SAN SEBASTIAN PR 00685			VACATIONS				0.00	1,247.77	\$0.00
ACCOUNT NO. MADELINE VALENTIN CHICO PO BOX 1154 ANASCO PR 00602			VACATIONS				0.00	1,391.36	\$0.00

Sheet no. 7 of 13 continuation sheets attached to Schedule of
Creditors Holding Priority Claims

Subtotals>
(Totals of this page)

Total >
(Use only on last page of the completed
Schedule E. Report also on the Summary of
Schedules.)

Total >
(Use only on last page of the completed
Schedule E. If applicable, report also on the
Statistical Summary of Certain Liabilities and
Related Data.)

\$	240.00	\$	8,023.90	\$	0.00
\$					
		\$		\$	

B6E (Official Form 6E) (12107) - Cont.

In re AGUADA COMMUNITY CLINIC

Debtor

Case No. _____

(If known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Type of Priority: Wages, Salaries, and Commissions

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CO DETO	R	LEGAND, WIFE, JOINT OR CO MM NITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UN LIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCOUNT NO. MARGARITA ACEVEDO LOPEZ HC 01 BOX 6861 MOCA PR 00676				VACATIONS				0.00	432.58	\$0.00
ACCOUNT NO. MARIBEL RIVERA TORRES HC 04 BOX 47782 BARRIO QUERADO MAYAGUEZ PR 00680				VACATIONS				0.00	6,229.78	\$0.00
ACCOUNT NO. MARIBETH JIMENEZ CORTES HC 59 BOX 5344 AGUADA PR 00602				VACATIONS				0.00	1,200.00	\$0.00
ACCOUNT NO. MICHAEL RODRIGUEZ GONZALEZ HC 05 BOX 50045 AGUADILLA PR 00603-9517				VACATIONS				0.00	6,245.33	\$0.00
ACCOUNT NO. MIRIANM PADIN SANTIAGO SECTOR HOYO FRIO 102 AGUADA PR 00602				VACATIONS				0.00	1,448.97	\$0.00
ACCOUNT NO. MONSERRATE MENDEZ AGRONT APARTADO 1700 AGUADA PR 00602				VACATIONS				0.00	645.84	\$0.00

Sheet no. 8 of 13 continuation sheets attached to Schedule of
Creditors Holding Priority Claims

Subtotals>
(Totals of this page)

\$	0.00	\$	16,202.50	\$	0.00
\$					
		\$		\$	

Total >
(Use only on last page of the completed
Schedule E. Report also on the Summary of
Schedules.)

Total >
(Use only on last page of the completed
Schedule E. If applicable, report also on the
Statistical Summary of Certain Liabilities and
Related Data.)

B6E (Official Form 6E) (12107) - Cont.

In re AGUADA COMMUNITY CLINIC

Debtor

Case No. _____

(If known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Type of Priority: Wages, Salaries, and Commissions

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CO ETOR	W S BAIN WIF E, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	LIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY. IF ANY
ACCOUNT NO. MYRIAN BONILLA RIOS HC 56 BOX 4423 AGUADA PR 00602			VACATIONS				0.00	1,670.78	\$0.00
ACCOUNT NO. MYRNA SANCHEZ VAZQUEZ HC 56 BOX 34760 AGUADA PR 00602			VACATIONS				0.00	6,289.62	\$0.00
ACCOUNT NO. NITZA L. BENIQUEZ CORCHADO 664 CARR 112 ISABELAS PR 00662			VACATIONS				0.00	1,014.08	\$0.00
ACCOUNT NO. NYDIA CABALLERO LOZANO CALLE 7 #730 A AGUADILLA PR 00603			VACATIONS				0.00	779.20	\$0.00
ACCOUNT NO. NYDIA I CHAPARRO GUERRA PO BOX 5000 SUITE 117 AGUADA PR 00602			VACATIONS				0.00	2,052.30	\$0.00
ACCOUNT NO. OSCAR LOPEZ LOPEZ BOX 883 AGUADA PR 00602			VACATIONS				0.00	988.14	\$0.00

Sheet NO. 9 of 13 continuation sheets attached to Schedule of
Creditors Holding Priority Claims

Subtotals >
(Totals of this page)

\$	0.00	\$	12,794.12	\$	0.00
\$					
	\$		\$		

Total >
(Use only on last page of the completed
Schedule E. Report also on the Summary of
Schedules.)

Total >
(Use only on last page of the completed
Schedule E. If applicable, report also on the
Statistical Summary of Certain Liabilities and
Related Data.)

B6E (Official Form 6E) (12107) - Cont.

In re AGUADA COMMUNITY CLINIC

Case No. _____

(If known)

Debtor

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Type of Priority: Wages, Salaries, and Commissions

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CO-DEBTOR	DEBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CURRENTLY UNPAID	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCOUNT NO. PROVIDENCIA ORFILA HC 03 BOX 34393 AGUADA PR 00602			VACATIONS			0.00	2,873.56	\$0.00
ACCOUNT NO. RAUL NIEVES RODRIGUEZ URB LAS AMERICAS CALLE BRASIL #15 AGUADILLA PR 00676			VACATIONS			0.00	3,003.04	\$0.00
ACCOUNT NO. ROSA M VARGAS SOTO HC 58 BOX 12310 AGUADA PR 00602			VACATIONS			0.00	1,037.20	\$0.00
ACCOUNT NO. ROSA PAGAN VARGAS PO BOX 4623 AGUADILLA PR 00605			VACSTIONS			0.00	460.25	\$0.00
ACCOUNT NO. RUTILIO HERNANDEZ, MD PO BOX 3613 AGUADILLA PR 00605			PROFESIONAL SERVICES			8,698.20	0.00	\$0.00
ACCOUNT NO. SANDRA C. BAUCAGE PEREZ HC 02 BOX 18765 SAN SEBASTIAN PR 00685			VACATIONS			0.00	2,734.91	\$0.00

Sheet no. 10 of 13 continuation sheets attached to Schedule of
Creditors Holding Priority Claims

Subtotals >
(Totals of this page)

\$	8,698.20	\$	10,108.96	\$	0.00
\$					
	\$		\$		

Total >
(Use only on last page of the completed
Schedule E. Report also on the Summary of
Schedules.)

Total >
(Use only on last page of the completed
Schedule E. If applicable, report also on the
Statistical Summary of Certain Liabilities and
Related Data.)

B6E (Official Form 6E) (12107) - Cont.

In re AGUADA COMMUNITY CLINIC

Debtor

Case No. _____

(If known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Type of Priority: Wages, Salaries, and Commissions

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	INDIVIDUAL OR JOINT DEBTOR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCOUNT NO. SONIA FIGUEROA FELICIANO GUANAJIBO GARDENS, 407 ENRIQUE SEDA MAYAGUEZ PR 00682-1383		VACATIONS				0.00	193.31	\$0.00
ACCOUNT NO. VANESSA TORRES VARGAS HC 09 BOX 97103 SAN SEBASTIAN PR 00685		VACATIONS				0.00	1,200.00	\$0.00
ACCOUNT NO. WALDEMAR VALENTIN CARO PO BOX 859 AGUADA PR 00602		VACATIONS				0.00	1,200.00	\$0.00
ACCOUNT NO. WANDA BOURDON ROMAN PO BOX 4148 AGUADILLA PR 00605		VACATIONS				0.00	645.85	\$0.00
ACCOUNT NO. WANDA I CABAN FELICIANO HC 59 BOX 5188 AGUADA PR 00602		VACATIONS				0.00	3,530.78	\$0.00
ACCOUNT NO. WANDALIZ GONZALEZ HC-05 BOX 10395 MOCA PR 00676		VACATIONS				0.00	3,444.64	\$0.00

Sheet no. 11 of 13 continuation sheets attached to Schedule of
Creditors Holding Priority Claims

Subtotals >
(Totals of this page)

Total >

(Use only on last page of the completed
Schedule E. Report also on the Summary of
Schedules.)

Total >

(Use only on last page of the completed
Schedule E. If applicable, report also on the
Statistical Summary of Certain Liabilities and
Related Data.)

\$	0.00	\$	10,214.58	\$	0.00
\$					
		\$		\$	

B6E (Official Form 6E) (12107) – Cont.

In re AGUADA COMMUNITY CLINIC

Debtor

Case No. _____

(If known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Type of Priority: Wages, Salaries, and Commissions

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See <i>instructions above</i> .)	CO-DEBTO R	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTI ENT	UNIQUE	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCOUNT NO. YAMIRA DEL C. LUGO ROSARIO EXT. EL PRADO 81 AGUADILLA 00767			VACATIONS				0.00	6,260.28	\$0.00
ACCOUNT NO. YESENIA ACEVEDO QUILES HC 07 BOX 71633 SAN SEBASTIAN PR 00685			VACSTIONS				0.00	1,568.21	\$0.00
ACCOUNT NO. ZAIDA RAMOS GONZALEZ PO BOX 143 BARRIO PIEDRAS BLANCAS AGUADA PR 00602			VACATIONS				0.00	1,292.06	\$0.00
ACCOUNT NO. ZOBEIDA CRESPO CALLE SAN FRANCISCO #228 AGUADA PR 00602			VACATION				0.00	1,955.07	\$0.00

Sheet no. 12 of 13 continuation sheets attached to Schedule of
Creditors Holding Priority Claims

Subtotals>
(Totals of this page)

\$	0.00	\$	11,075.62	\$	0.00
\$					
		\$		\$	

Total >
(Use only on last page of the completed
Schedule E. Report also on the S u m r y of
Schedules.)

Total >
(Use only on last page of the completed
Schedule E. If applicable, report also on the
Statistical S u m r y of Certain Liabilities and
Related Data.)

B6E (Official Form 6E) (12/07) - Cont.

In re AGUADA COMMUNITY CLINIC

Debtor

Case No. _____

(If known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Type of Priority: Contributions to **Employee** Benefit Plans

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE R	ISSUANCE DATE OR COMPLETION DATE	DATE C W M WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINUED UNTIL	DISC	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCOUNT NO. DEPARTAMENTO DEL TRABAJO 500 MUNOZ RIVERA AVE FLOOR 9 SAN JUAN PR 00918			UNEMPLOYMENT/DISABILITY			20,935.00	0.00	\$0.00
ACCOUNT NO. IRS MERCANTIL PLAZA BLDG. SUITE 904 STOP 12 112 POCE DE LEON AVE. SAN JUAN PR 00918			940 PR			4,200.00	4,200.00	\$0.00
ACCOUNT NO. IRS PHILADELPHIA PA 19255			941PR/FORM1120/940PR			0.00	100,000.00	\$0.00

Sheet no. **13** of **13** continuation sheets attached to Schedule of Creditors Holding Priority Claims

Subtotals
(Totals of this page)

Total

(Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.)

Total

(Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.)

\$ 25,135.00	\$ 104,200.00	\$ 0.00
\$ 77,924.60		
	\$ 246,252.46	\$ 0.00

B6F (Official Form 6F) (12/07)

In re **AGUADA COMMUNITY CLINIC**
Debtor

Case No. _____
(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR C W M. IF C W M IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF C W M
ACCOUNT NO.						27,534.36
AAA PO BOX 70101 SAN JUAN, PR 00936-8101		WATER RESOURCES				
ACCOUNT NO.						3,246.20
ABBOT LABORATORIES PR PO BOX 46706 CAROLINA PR 00984		MEDICAL SUPPLIES				
ACCOUNT NO.						1,095.00
ABREU'S AIR CONDITIONING PO BOX 1334 SAN JUAN PR 00662		MAINTENANCE				
ACCOUNT NO.						9,696.06
ADP 3350 SW 148TH AVE MIRAMAR, FL 33027		PUNCH PROGRAM EMPLOYEE				
ACCOUNT NO.						365.00
ADVANCED OFFICE SUPPLIES PO BOX 3787 AGUADILLA, PR 00605		PHOTOCOPY				

13 Continuation sheets attached

Subtotal > \$ **41,936.62**

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12107) - Cont.

In re AGUADA COMMUNITY CLINIC
Debtor

Case No. _____
(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED **NONPRIORITY** CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	DEBTOR HUSBAND/WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CON- GUT	UNLIQUIDA- TED	DISPUTED	AMOUNT OF C W M
ACCOUNT NO. AEE DE PR PO BOX 363508 SAN JUAN PR 00936-3508		ELECTRICITY				112,650.02
ACCOUNT NO. AGUADA EXTERMINATING HC-57 BOX 9987-25 AGUADA PR 00602		EXTERMINATING				1,125.00
ACCOUNT NO. ALPHA BIOMEDICAL INC. PO BOX 670 CAGUAS PR 00726		LABORATORIES SERCIVES				865.00
ACCOUNT NO. AMASADEEL INC URB LAS LOMAS U-3 CARR 21 T-5 SAN JUAN PR 00921		INVOICES CO.				14,416.59
ACCOUNT NO. BMET MEDICAL EQUIPMENT SERVICES 807 MUNOZ RIVERA ST. PENUELAS PR 00624		BIOMDECIAL EQUIPMENT MAINTENANCE				3,500.00

Sheet no. 1 of 13 continuationsheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal	>	\$	132,556.61
Total	>	\$	

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12107) - Cont.

In re AGUADA COMMUNITY CLINIC
Debtor

Case No. _____
(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED **NONPRIORITY** CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	DEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. BORSHOW HOSPITAL & MEDICAL SUPPLIES INC. PO BOX 366211 GENERAL POST OFFICE SAN JUAN PR 00936-6211		MEDICAL SUPPLIES				35,770.11
ACCOUNT NO. CABAN ELECTRICAL SERVICES JOSE L. CABAN HC-01 BOX 9627 SAN SEBASTIAN, PR 00685		ELECTRICAL SERVICES				894.50
ACCOUNT NO. CARIBBEAN MEDICAL TESTING (CMT) PO BOX 192071 SAN JUAN PR 00919-2071		LABORATORIES				27,488.81
ACCOUNT NO. CENTENNIAL DE PR PO BOX 192071 SAN JUAN PR 00936-8614		CELULAR				189.60
ACCOUNT NO. CLENDO REFERENCE LABORATORY PO BOX 549 BAYAMON PR 00960		LABORATORIES				7,650.33

Sheet no. 2 of 13 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal > **71,993.35**

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re AGUADA COMMUNITY CLINIC
Debtor

Case No. _____
(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED **NONPRIORITY** CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF C W M IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Cooperativa de A/C/ Aguada PO BOX 543 AGUSDA PR 00602		CREDIT LINE (DR. BAUCAGE)				425,000.00
ACCOUNT NO. CORP FONDO DEL SEGURO DE ESTADO PO BOX 336 AGUADILLA PR 00605		EMPLOYEE INSURANCE				33,418.26
ACCOUNT NO. CRIM PO BOX 195387 SAN JUAN PR 00919-5387		TAXES				539,251.80
ACCOUNT NO. DEPT. OF LABOR 500 MUNOZ RIVERA AVE. FLOOR 9 SAN JUAN PR 00918		UNEMPLOYMENT DOWED				21,935.00
ACCOUNT NO. DEPT. OF TREASURY BOX 442 CENTRO GUBERNAMENTAL 7 PISO AGUADILLA PR 00603		TAXES				168,931.69

Sheet no. 3 of 13 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal	3	\$	1,188,536.75
Total	>	\$	

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12107) - Cont.

In re AGUADA COMMUNITY CLINIC
Debtor

Case No. _____
(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED **NONPRIORITY** CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.		TWO LOANS AND TWO CREDIT LINE				523,121.37
EUROBANK c/o SRA. BEATRIZ RECONDO PO BOX 191009 SAN JUAN PR 00919-1009						
ACCOUNT NO.		SUPPLY				308.50
F. BARAGANO INC. PO BOX 364421 SAN JUAN PR 00936-4421						
ACCOUNT NO.		HARDWARE				1,020.16
FERRETERIA CESAR HC- 05 BOX 57550 AGUADILLA PR 00603-9588						
ACCOUNT NO.		EXTERMINATING				500.00
GALLOZA PEST CONTROL BO. JAGUEY CARR. 411 AGUADA, PR 00602						
ACCOUNT NO.		MEDICAL DIAGNOSTIC				984.00
GE HEALTHCARE 792 SAN PATRICIO AVE SAN JUAN PR 00928						

Sheet no. 5 of 13 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal >	\$ 525,934.03
Total >	\$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12107) - Cont.

In re **AGUADA COMMUNITY CLINIC**

Debtor

Case No. _____
(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CO-DEBTOR HOLDING UNSECURED NONPRIORITY CLAIMS	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT CLAIM	UNLQUIDATED CLAIM	DISPUTED CLAIM	AMOUNT OF CLAIM
ACCOUNT NO						336.00
GENTECH BIOMEDICAL INC PO BOX 192438 SAN JUAN PR 00919-2438		MAINTENANCE				
ACCOUNT NO						2,597.51
HENRY SHEIN BOX 371952 PITTSBURGH, PA 15250-7952		PHARMACY				
ACCOUNT NO						27,534.36
HENRY SHEIN PO BOX 70101 SAN JUAN PR 00936-8101		WATER RESOURCE				
ACCOUNT NO						0.00
INTERNATIONAL MANAGEMENT CARE 1870 A SAN ANTONIO ST. SAN JUAN PR 00909		SUPPLY				
ACCOUNT NO						3,000.00
JUAN CRUZ URB MONTEMAR #16 AGUADA PR 00602		PROFESSIONAL SERVICES				

Sheet no. 6 of 13 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal > \$ **33,467.87**

Total >

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re **AGUADA COMMUNITY CLINIC**
Debtor

Case No. _____
(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED **NONPRIORITY** CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	DEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE C W M WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. LAB TOLEDO CALLE PALMA #51 ARECIBO PR 00612		LABORATORIES				3,135.34
ACCOUNT NO. LAB WAREHOUSE INC 65 INF. ESQ. CONCORDIA LAJAS PR 00667		SUPPLY				3,189.06
ACCOUNT NO. LABORATORIO CLINICA TOLEDO 51 PALMA ST. ARECIBO PR 00602		LABORATORIES				3,135.34
ACCOUNT NO. LIFE IMAGING PMB 074 PO BOX 8901 HATILLO PR 00659-8901		RADIOLOGY SERVICES				713.20
ACCOUNT NO. MALLINCKRODT (TYCO HEALTH CARE) GPO BOX 71416 SAN JUAN PR 00936-1416		SUPPLY				914.43

Sheet no. **7** of **13** continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal > \$ **11,087.37**

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Deb.)

B6F (Official Form 6F) (12/07) - Cont.

In re **AGUADA COMMUNITY CLINIC**
Debtor

Case No. _____
(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. MASS PO BOX 397 MANATI PR 00674		INVOICES PROGRAM				1,232.04
ACCOUNT NO. MILLIPORE CORP. PR BRANCH 2855 PAYSHERE CIRCLE CHICAGO, IL 60674		SUPPLY				891.62
ACCOUNT NO. MM PALACIOS COND LA COLUNA APT. 802 2023 CARR 177 GUAYNABO PR 00969-5164		SUPPLY				0.00
ACCOUNT NO. MORENO COMPUTER CONSULTANTS 21 GEORGETTI BARCELONETA PR 00617		COMPUTER SYSTEMS				1,938.52
ACCOUNT NO. MULTI DIAGNOSTIC MODALITIES 28353 CONNIE COURT CANYON COUNTRY, CA 91351		RAYOS X				9,500.00

Sheet no. **8** of **13** continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal >	\$	13,562.18
Total >	\$	

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the **Statistical**
Summary of **Certain Liabilities** and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re **AGUADA COMMUNITY CLINIC**

Debtor

Case No. _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. NIPRO MEDICAL PO BOX 810263 CAROLINA PR 00981-0263		SUPPLY EQUIPMENT				1,708.65
ACCOUNT NO. NORTH WEST SECURITY MANAGEMENT PO BOX 865 AGUADA PR 00602		SECURITY				25,145.40
ACCOUNT NO. PR FLOORS SERVICE INC URB RADIOVILLE AVE RAFAEL COLON CASTRO #4 ARECIBO PR 00612		MAINTENANCE MATERIAL				1,613.42
ACCOUNT NO. PRAXAIR PUERTO RICO PO BOX 70372 SAN JUAN PR 00936-8352		OXIGEN				1,337.56
ACCOUNT NO. PUERTAS Y VENTANAS LOPEZ CARR. 115 KM 26.5 BO. TABONAL AGUADA PR 00602		MAINTENANCE				175.00

Sheet no. 9 of 13 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal >	\$ 29,980.03
Total >	\$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re AGUADA COMMUNITY CLINIC
Debtor

Case No. _____
(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBATOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Q&S POWER SYSTEMS INC. MSC 924 SUITE 500 AGUADA PR 00602		SERVICES				150.00
ACCOUNT NO. QUANTUM PRODUCTS PO BOX 16451 IRVINE, CA 92623		SUPPLY				845.00
ACCOUNT NO. QUICK PRINTING 105 COLON ST. AGUADA PR 00602		IMPRENTA				1,312.00
ACCOUNT NO. RANDOX PO BOX 29029 PMB NO. 590 SAN JUAN PR 00929-0029		SUPPLY				1,515.85
ACCOUNT NO. SIEMEMENS MEDICAL SOLUTIONS DEPT. AT 40065 ATLANTA, GA 31192-0065		SUPPLY				4,657.77

Sheet no. 10 of 13 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal >	\$ 8,480.62
Total >	\$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re **AGUADA COMMUNITY CLINIC**

Debtor

Case No. _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBITOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. SIEMENS HEALTHCARE DIAGNOSTICS INC. GLASGOW SITE - MBX 530 PO BOX 6101 NEWARK, DE 19714-6101		SUPPLY				75,763.38
ACCOUNT NO. SONOLUCENTS LABORATORIES PO BOX 10401 PONCE PR 00732		OBRAS				3,040.00
ACCOUNT NO. SPOT ON HOLD BOX 1836 MAYAGUEZ PR 00681		MAINTENANCE TELEPHONE				479.60
ACCOUNT NO. SR MEDICAL WASTE DISPOSAL INC COM LAS FLORES CALLE MARGINAL BZN. 9 AGUADA PR 00602		DESPERDICIOS				2,800.00
ACCOUNT NO. SUNSET IMAGING 975 AVE HOSTOS MAYAGUEZ MALL SUITE 12220 MAYAGUEZ PR 00680-1257		RADIOGRAPHY LECTURE				1,520.00

Sheet no. 11 of 13 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal > \$ **83,602.98**

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re AGUADA COMMUNITY CLINIC
Debtor

Case No. _____
(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.						4,175.00
SUNSET PRINTING APARTADO 697 QUEBRADILLAS PR 00678		IMPRENTA				
ACCOUNT NO.						1,880.00
SYNES CORP PO BOX 5080 SUITE 184 AGUADILLA PR 00605		ALARMS				
ACCOUNT NO.						6,489.78
UMECO INC PO BOX 21536 SAN JUAN PR 00928		SUPPLY				
ACCOUNT NO.						7,992.19
VELAZQUEZ & CO. PMB 394 PO BOX 80000 ISABELA PR 00662		CPA				
ACCOUNT NO.						974.20
WESCOM INC PO BOX 6464 MAYAGUEZ PR 00681-6464		TELECOMUNICATIONS SERVICES				

Sheet no. 12 of 13 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal > \$ 21,511.17

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re **AGUADA COMMUNITY CLINIC**
Debtor

Case No. _____
(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.						150.00
WEST POWER SOLUTIONS 3034 AVDA HOSTOS MAYAGUEZ PR 00682		ELECTRIC PLANT				
ACCOUNT NO.						250.00
WESTERN AIR CONDITIONING AVDA NATIVO ALERS AGUADA PR 00602		AIR CONDITIONER				
ACCOUNT NO.						1,650.60
WORD NET CENTRO INTERNATIONAL MERCADEO 90 CARRETERA 165 SUITES 201-02 GUAYNABO PR 00968-8059		INTERNET SERVICES				

Sheet no. 13 of 13 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal >	\$	2,050.60
Total >	\$	2,244,802.44

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

B6G (Official Form 6G) (12/07)

In re: AGUADA COMMUNITY CLINIC

Debtor

Case No. _____

(If known)

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

☐ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST, STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.
ABBOTT LABORATORIES PR PO BOX 70101 SAN JUAN PR 00936-8101	LABORATORIES SERVICES
ABREU'S AIR CONDITIONING PO BOX 1334 ISABELA PR 00662	MAINTENANCE AIR
AGUADA EXTERMINATING SERVICE PO BOX 661 AGUADA PR 00602	EXTERMINATING
AMSADEELL 1998, INC. 1429 PAZ GRANEL AVE. URB SANTIAGO IGLESIAS SAN JUAN PR	INVOICES
BMET MEDICAL EQUIPMEMT SERVICES HC 02 BOX 5204 PENUELAS PR 00624	MAINTENANCE
BORSCHOW HOSPITAL & MEDICAL SUPPLIE PO BOX 366211 SAN JUAN PR 00936-6211	PRODUCTS DISTRIBUTIONS
CARIBBEAN MEDICAL TESTING CENTER PO BOX 192071 SAN JUAN PR 00919-2071	LABORATORIES
LABORATORIO CLINICO TOLEDO INC. CALLE PALMA #51 ARECIBI PR 00612	SERVICES

B6G (Official Form 6G) (12/07) -Cont.

In re: AGUADA COMMUNITY CLINIC

Debtor

Case No. _____

(If known)

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

(Continuation Sheet)

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST, STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.
MAFRE PRAICO PO BOX 70333 SAN JUAN PR 00936-8333	INSURANCES
MORENO COMPUTER CONSULTANTS 21 GEORGETTI BARCELONETA PR 00617	EQUIPMENT
NORTHWEST SECURITY MANAGEMENT INC. URB VILLA DEL REY III #3 A-3 CALLE SAVOYA CAGUAS PR 00725	SECURITY HOSPITAL
SONOLUSCENS LABORATORIES PO BOX 10401 PONCE PR 00732	RADIOLOGY SERVICES
SPOT ON HOLD BOX 1836 MAYAGUEZ PR 00681	TELECOMUNICATION SERVICES
SR MEDICAL WASTE DISPOSAL INC. URB LAS FLORES CALLE MARGARITA BOX 9 AGUADA PR 00602	MAINTENANCE
SUNSET IMAGING, PSC 975 HOSTOS AVE MAYAGUEZ MALL ST. 12220 MAYAGUEZ PR 00680-1257	PROFESIONAL SERVICES
WEST POWER SOLUTIONS 3034 HOSTOS AVE. AGUADA PR 00602	MAINTENANCE ELECTRIC PLANT

B6G (Official Form 6G) (12/07) -Cont.

In re: AGUADA COMMUNITY CLINIC
Debtor

Case No. _____
(If known)

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

(Continuation Sheet)

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST, STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.
WORLDNET CENTRO INTERNACIONAL DE MERCADEO SUITE 201-202 GUAYNABO PR 00980	INTERNET SERVICES

Official Form 6 - Declaration (10/06)

In re AGUADA COMMUNITY CLINIC

Debtor

Case No. _____

(If known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

(NOT APPLICABLE)

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I **DR. EDGARD BAUCAGE**, the **PRESIDENT** of the Corporation named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 12 sheets (total shown on summary page plus 1), and that they are true and correct to the best of my knowledge, information, and belief.

Date _____

Signature: _____


DR. EDGARD BAUCAGE PRESIDENT

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

B 203
(12/94)

UNITED STATES BANKRUPTCY COURT
District of Puerto Rico

In re: AGUADA COMMUNITY CLINIC

Debtor

Case No. _____

Chapter 7

**DISCLOSURE OF COMPENSATION OF ATTORNEY
FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	<u>2,500.00</u>
Prior to the filing of this statement I have received	\$	<u>0.00</u>
Balance Due	\$	<u>2,500.00</u>

2. The source of compensation paid to me was:

☒ Debtor ☐ Other (specify) _____

3. The source of compensation to be paid to me is:

☐ Debtor ☐ Other (specify) _____

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a) Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b) Preparation and filing of any petition, schedules, statement of affairs, and plan which may be required;
- c) Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d) Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
- e) [Other provisions as needed]

None

6. By agreement with the debtor(s) the above disclosed fee does not include the following services:

None

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: _____


F. DAVID GODREAU ZAYAS, Bar No. 123207

LATIMER, BIAGGI, RACHID & GODREAU
Attorney for Debtor(s)

United States Bankruptcy Court
District of Puerto Rico

In re:

Case No. _____
Chapter 7

AGUADA COMMUNITY CLINIC

STATEMENT REGARDING AUTHORITY TO SIGN AND FILE PETITION

I, **DR. EDGARD BAUCAGE GARCIA**, declare under penalty of perjury that I am the of **AGUADA COMMUNITY CLINIC**, a Corporation and that on the following resolution was duly adopted by the of this Corporation:

"Whereas, it is in the best interest of this Corporation to file a voluntary petition in the United States Bankruptcy Court pursuant to Chapter 11 of Title 11 of the United States Code;

Be It Therefore Resolved, that **DR. EDGARD BAUCAGE, PRESIDENT** of this Corporation, is authorized and directed to execute and deliver all documents necessary to perfect the filing of a Chapter 11 voluntary bankruptcy case on behalf of the Corporation; and

Be It Further Resolved, that **DR. EDGARD BAUCAGE, PRESIDENT** of this Corporation, is authorized and directed to appear in all bankruptcy proceedings on behalf of the Corporation, and to otherwise do and perform all acts and deeds and to execute and deliver all necessary documents on behalf of the Corporation in connection with such bankruptcy case; and

Be It Further Resolved, that **DR. EDGARD BAUCAGE, PRESIDENT** of this Corporation, is authorized and directed to employ **F. DAVID GODREAU ZAYAS**, attorney and the law firm of **LAMITER, BIAGGI, RACHID & GODREAU** to represent the Corporation in such bankruptcy case."

Executed on: _____

Signed: _____


DR. EDGARD BAUCAGE GARCIA



**ESTADO LIBRE ASOCIADO DE PUERTO RICO
DEPARTAMENTO DE ESTADO
SAN JUAN PUERTO RICO**

Yo, **FERNANDO J. BONILLA**, Secretario de Estado del Departamento de Estado del Estado Libre Asociado de Puerto Rico.

CERTIFICO: Que **"AGUADA COMMUNITY CLINIC INC."** número de registro **112,365** es una corporación con fines de lucro organizada bajo las leyes de Puerto Rico el **13 de abril de 2000 a las 3:05 p.m.**

Esta certificación no implica que esta corporación haya cumplido con el requisito de radicar informes anuales contenidos en el Artículo 15.01 de la Ley General de Corporaciones. Si usted interesa saber si esta corporación ha rendido informes, deberá solicitar una Certificación de Cumplimiento ("Good Standing").

EN TESTIMONIO DE LO CUAL,
firmo la presente y estampo en ella
el Gran Sello del Estado Libre
Asociado de Puerto Rico, en la
Ciudad de San Juan, hoy **2 de
agosto de dos mil siete.**

A handwritten signature in black ink, appearing to read "Fernando J. Bonilla".

FERNANDO J. BONILLA
Secretario de Estado

0457538
FJB/rsr

Aguada Community Clinic, Inc.
Calle Colón # 106, Aguada, PR 00602; Tel. (787) 868-2000; Fax. 252-8117

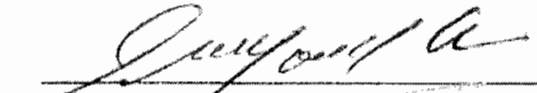
RESOLUCIÓN CORPORATIVA

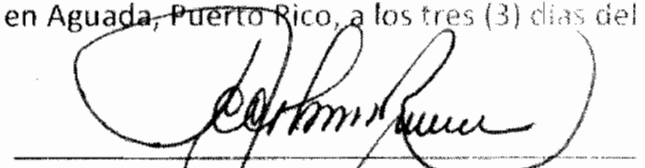
Lunes 3 de agosto de 2009

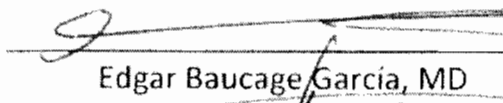
En el día de hoy, reunida la Junta de Directores de Aguada Community Clinic, Inc., en la oficina del doctor Carlos Muñiz Molinero en la ciudad de Aguada, Puerto Rico y habiendo quórum, se determina mediante el voto unánime de los miembros de la misma, que:

- 1) La Junta de Directores de Aguada Community Clinic, Inc., autoriza al licenciado Godreau, del bufete Latimer, Biagi, Rachid & Godreau, a radicar recurso de quiebra o liquidación de Aguada Community Clinic, Inc., ante el Tribunal de Quiebras.
- 2) Dicha radicación debe ser efectuada con la mayor premura y sin dilación, en el menor término de tiempo posible.
- 3) Que se le suministrará al licenciado Godreau toda la documentación y/o información requerida por éste a los fines de proceder con y facilitar la radicación de dicho recurso de quiebra.

Para que así conste, se aprueban y ratifican los artículos arriba señalados en testimonio de lo cual firmamos la presente Resolución Corporativa, en Aguada, Puerto Rico, a los tres (3) días del mes de agosto del año dos mil nueve (2009).


Eric M. Torres Acevedo, MD


José E. Colón Rivera, MD


Edgar Baucage García, MD


Carlos Muñiz Molinero, MD


Sello Corporativo

AAA PO BOX 70101 SAN JUAN, PR 00936-8101	ABBOT LABORATORIES PR PO BOX 46706 CAROLINA PR 00984	ABBOTT LABORATORIES PR PO BOX 70101 SAN JUAN PR 00936-8101
ABREU'S AIR CONDITIONING PO BOX 1334 ISABELA PR 00662	ABREU'S AIR CONDITIONING PO BOX 1334 SAN JUAN PR 00662	ADP 3350 SW 148TH AVE MIRAMAR, FL 33027
ADVANCED OFFICE SUPPLIES PO BOX 3787 AGUADILLA, PR 00605	AEE DE PR PO BOX 363508 SAN JUAN PR 00936-3508	AGUADA EXTERMINATING HC-57 BOX 9987-25 AGUADA PR 00602
AGUADA EXTERMINATING SERVICE PO BOX 661 AGUADA PR 00602	AGUSTIN HERNANDEZ SOTO CALLE JESUS RAMOS 424 MOCA PR 00676	AIDA RODRIGUEZ CORTES HC 59 BOX 6255 AGUADA PR 00602
ALPHA BIOMEDICAL INC. PO BOX 670 CAGUAS PR 00726	AMASADEEL INC URB LAS LOMAS U-3 CARR 21 T-5 SAN JUAN PR 00921	AMSADEELL 1998, INC. 1429 PAZ GRANEL AVE. URB SANTIAGO IGLESIAS SAN JUAN PR
ANNETTE CARDONA COLON PO BOX 705 AGUADA PR 00602	BANCO POPULAR PR PO BOX 70354 SAN JUAN PR 00936-8354	BANCO POPULAR PR PO BOX 70354 SAN JUAN PR 00936-8354
BMET MEDICAL EQUIPMEMT SERVICES HC 02 BOX 5204 PENUELAS PR 00624	BMET MEDICAL EQUIPMENT SERVICES 807 MUNOZ RIVERA ST. PENUELAS PR 00624	BORSCHOW HOSPITAL & MEDICAL SUPPLIE PO BOX 366211 SAN JUAN PR 00936-6211
BORSHOW HOSPITAL & MEDICAL SUPPLIES PO BOX 366211 GENERAL POST OFFICE SAN JUAN PR 00936-6211 CARIBBEAN MEDICAL TESTING (CMT) PO BOX 192071 SAN JUAN PR 00919-2071	BRENDA HERNANDEZ LOPEZ PO BOX 4969 AGUADILLA PR 00605 CARIBBEAN MEDICAL TESTING CENTER PO BOX 192071 SAN JUAN PR 00919-2071	CABAN ELECTRICAL SERVICES JOSE L. CABAN HC-01 BOX 9627 SAN SEBASTIAN , PR 00685 CARLO ALERS, MD HC 03 BOX 29610 AGUADA PR 00602
CARMEN M. GUZMAN VADI CALLE SAN FRANCISCO #228 AGUADA PR 00602	CARMEN VERA DELGADO COMUNIDAD LAS FLORES BUXON 29 CALLE ALELI AGUADA PR 00602	CENTENNIAL DE PR PO BOX 192071 SAN JUAN PR 00936-8614

CLARIBEL PEREZ ECHEVARIA
HC 56 BOX 4662
BARRIO NARANJO
AGUADA PR 00602

CLENDO REFERENCE
LABORATORY
PO BOX 549
BAYAMON PR 00960

COOP AHORRO Y CREDITO
AGUADA
PO BOX 543
AGUADA PR 00602

CORP FONDO DEL SEGURO DE
ESTADO
PO BOX 336
AGUADILLA PR 00605

CRIM
PO BOX 195387
SAN JUAN PR 00919-5387

CUESTSY BONILLA GARCIA
RR 02 BOX 4630
BARRIO QUEBRADA LARGA
ANASCO PR 00610

DAMARIS ROMAN MUNUZ
APARTADO 1445
RINCON PR 00677

DAMARIS RUBIO LOPEZ
URB ISABEL LA CATOLICA C-1 B8
AGUADA PR 00602

DANIEL ALVAREZ RIVERA
SECTOR EL COBO
AGUADILLA PR 00603

DANNY ACEVEDO CRESPO
PO BOX 1071
AGUADA PR 00602

DEPARTAMENTO DEL TRABAJO
500 MUNOZ RIVERA AVE
FLOOR 9
SAN JUAN PR 00918

DEPT. OF TREASURY
BOX 442 CENTRO
GUBERNAMENTAL 7 PISO
AGUADILLA PR 00603

DIANA E SANTIAGO ROSARIO
BARRIO COSTO PASTILLO #3
ISABELA PR 00662

DIANA RAMIREZ GALLOZA
HC 04 BOX 44867
AGUADILLA PR 00603

DIEGO CANABAL
PO BOX 286
ISABELA PR 00662

DISCOUNT GENERICS
PO BOX 366937
SAN JUAN, PR 00936-6937

DR. MARINI
PO BOX 5218
AGUADILLA, PR 00605

DRUGS UNLIMITED INC
PO BOX 11797
SAN JUAN PR 00910-2897

EDGAR ROMAN MEDINA
HC 04 BOX 45715
AGUADILLA PR 00603

ELLIOT ACEVEDO SOTO
HC-02 BOX 11916
MOCA PR 00676

ERICK SANTIAGO, MD
PO BOX 1315
RINCON PR 00677

EUROBANK
c/o SRA. BEATRIZ RECONDO
PO BOX 191009
SAN JUAN PR 00919-1009

EVELYN MUNUZ SANTI
URB EXT. JARDINES DE AGUADA
E3 BUZON 15
AGUADA PR 00602

F. BARAGANO INC.
PO BOX 364421
SAN JUAN PR 00936-4421

FELIX RIVERA JUSINO
PO BOX 1510
AGUADA PR 00602

FERRETERIA CESAR
HC- 05 BOX 57550
AGUADILLA PR 00603-9588

FLOR M. MORALES BONET
BOX 1276
AGUADA PR 00602

GALLOZA PEST CONTROL
BO. JAGUEY CARR. 411
AGUADA, PR 00602

GE HEALTHCARE
792 SAN PATRICIO AVE
SAN JUAN PR 00928

GENTECH BIOMEDICAL INC
PO BOX 192438
SAN JUAN PR 00919-2438

GLADYS VARGAS CAPELLA
CALLE A 145 RAMEY
AGUADILLA PR 00603

GLENDA I TRAVERSO MENDOZA
HC 03 BOX 29820
AGUADA PR 00602

GRISEL M TERRON HERNANDEZ
HC 03 BOX 18408
QUEBRADILLAS PR 00678

HECTOR GALLOZA GONZALEZ
URB. SAN FRANCISCO
AGUADA PR 00602

HEIDY LOPEZ NIEVES
PO BOX 1151
AGUADA PR 00602

HENRY SHEIN
BOX 371952
PITTSBURGH, PA 15250-7952

HENRY SHEIN
PO BOX 70101
SAN JUAN PR 00936-8101

HILDA SOTO BENIQUEZ
HC 03 BOX 32110
AGUSDA PR 00602

INTERNATIONAL MANAGEMENT
CARE
1870 A SAN ANTONIO ST.
SAN JUAN PR 00909

SUNSET PRINTING
APARTADO 697
QUEBRADILLAS PR 00678

WEST POWER SOLUTIONS
3034 AVDA HOSTOS
MAYAGUEZ PR 00682

WESTERN AIR CONDITIONING
AVDA NATIVO ALERS
AGUADA PR 00602

IRS
MERCANTIL PLAZA BLDG.
SUITE 904 STOP 12 1/2
POCE DE LEON AVE.
SAN JUAN PR 00918

IRS
PHILADELPHIA PA 19255

IVETTE LOPEZ ACEVEDO
ALTURAS DE AGUADA D-18
AGUADA PR 00602

JAIME SANCHEZ PONCE
PO BOX 733
AGUADAILLA 00605

JAVIER E. CARLO HIDALGO
SANTIAGO IGLESIAS 9
MAYAGUEZ PR 00685

JEANNETTE FELICIANO
FIGUEROA
CALLE SAN NARCISO #228
AGUADA PR 00602

JESUS NIEVES ALONSO
MMB 92 CALLE PROGRESO 14
AGUADILLA PR 00676

JESUS YAPOR FADUL, MD
PO BOX 1567
MOCA PR 00676

JORGE ROMAN, MD
PO BOX 56
AGUADA PR

JUAN CRUZ
URB MONTEMAR #16
AGUADA PR 00602

JUAN M. GONZALEZ, MD
PO BOX 1807
RINCON PR 00677

JUDITH M. MEDINA DAVILA
HC 57 BOX 15660
AGUADA PR 00602

KATHIRIA E. RIVERA MORALES
URB ALTURAS C-3
AGUADA PR 00602

LAB TOLEDO
CALLE PALMA #51
ARECIBO PR 00612

LAB WAREHOUSE INC
65 INF. ESQ. CONCORDIA
LAJAS PR 00667

LABORATORIO CLINICA TOLEDO
51 PALMA ST.
ARECIBO PR 00602

LABORATORIO CLINICO TOLEDO
INC.
CALLE PALMA #51
ARECIBI PR 00612

LEGNA L. HERNANEZ MUNIZ
URB LA MOMSERRATE
CALEL DEL PILAR #453
MOCA PR 00676

LESME VALENTIN GUILLET
HC 57 BOX 9506
AGUADA PR 00602

LIDA BAUCAGE, MD
PO BOX 1226
MOCA PR 00676

LIFE IMAGING
PMB 074 PO BOX 8901
HATILLO PR 00659-8901

LILIBETH FIGUEROA LOPEZ
HC-4 BOX 16487
MOCA PR 00676

MADELINE CAMPOS COLON
B 27 AVE. RUIZ ROSA
SAN SEBASTIAN PR 00685

MADELINE VALENTIN CHICO
PO BOX 1154
ANASCO PR 00602

MAFRE PRAICO
PO BOX 70333
SAN JUAN PR 00936-8333

MALLINCKRODT (TYCO HEALTH
CARE)
GPO BOX 71416
SAN JUAN PR 00936-1416

MARGARITA ACEVEDO LOPEZ
HC 01 BOX 6861
MOCA PR 00676

MARIBEL RIVERA TORRES
HC 04 BOX 47782
BARRIO QUERADO
MAYAGUEZ PR 00680

MARIBETH JIMENEZ CORTES
HC 59 BOX 5344
AGUADA PR 00602

MASS
PO BOX 397
MANATI PR 00674

MICHAEL RODRIGUEZ
GONZALEZ
HC 05 BOX 50045
AGUADILLA PR 00603-9517

MILLIPORE CORP. PR BRANCH
2855 PAYSPIRE CIRCLE
CHICAGO, IL 60674

MIRIANM PADIN SANTIAGO
SECTOR HOYO FRIO 102
AGUADA PR 00602

MM PALACIOS
COND LA COLUMA APT. 802
2023 CARR 177
GUAYNABO PR 00969-5164

MONSERRATE MENDEZ AGRONT
APARTADO 1700
AGUADA PR 00602

MORENO COMPUTER
CONSULTANTS
21 GEORGETTI
BARCELONETA PR 00617

MORENO COMPUTER
CONSULTANTS
21 GEORGETTI
BARCELONETA PR 00617

MULTI DIAGNOSTIC MODALITIES
28353 CONNIE COURT
CANYON COUNTRY, CA 91351

MYRIAN BONILLA RIOS
HC 56 BOX 4423
AGUADA PR 00602

MYRNA SANCHEZ VAZQUEZ
HC 56 BOX 34760
AGUADA PR 00602

NIPRO MEDICAL
PO BOX 810263
CAROLINA PR 00981-0263

NITZA L. BENIQUEZ CORCHADO
664 CARR 112
ISABELAS PR 00662

NORTH WEST SECURITY
MANAGEMENT
PO BOX 865
AGUADA PR 00602

NORTHWEST SECURITY
MANAGEMENT INC.
URB VILLA DEL REY III
#3 A-3 CALLE SAVOYA
CAGUAS PR 00725

NYDIA CABALLERO LOZANO
CALLE 7 #730 A
AGUADILLA PR 00603

NYDIA I CHAPARRO GUERRA
PO BOX 5000
SUITE 117
AGUADA PR 00602

OSCAR LOPEZ LOPEZ
BOX 883
AGUADA PR 00602

PR FLOORS SERVICE INC
URB RADIOVILLE
AVE RAFAEL COLON CASTRO #4
ARECIBO PR 00612

PRAXAIR PUERTO RICO
PO BOX 70372
SAN JUAN PR 00936-8352

PROVIDENCIA ORFILA
HC 03 BOX 34393
AGUADA PR 00602

PUERTAS Y VENTANAS LOPEZ
CARR. 115 KM 26.5
BO. TABONAL
AGUADA PR 00602

Q&S POWER SYSTEMS INC.
MSC 924
SUITE 500
AGUADA PR 00602

QUANTUM PRODUCTS
PO BOX 16451
IRVINE, CA 92623

QUICK PRINTING
105 COLON ST.
AGUADA PR 00602

RANDOX
PO BOX 29029
PMB NO. 590
SAN JUAN PR 00929-0029

RAUL NIEVES RODRIGUEZ
URB LAS AMERICAS
CALLE BRASIL #15
AGUADILLA PR 00676

ROSA M VARGAS SOTO
HC 58 BOX 12310
AGUADA PR 00602

ROSA PAGAN VARGAS
PO BOX 4623
AGUADILLA PR 00605

RUTILIO HERNANDEZ, MD
PO BOX 3613
AGUADILLA PR 00605

SANDRA C. BAUCAGE PEREZ
HC 02 BOX 18765
SAN SEBASTIAN PR 00685

SIEMEMENS MEDICAL
SOLUTIONS
DEPT. AT 40065
ATLANTA, GA 31192-0065

SIEMENS HEALTHCARE
DIAGNOSTICS INC.
GLASGOW SITE - MBX 530
PO BOX 6101
NEWARK, DE 19714-6101

SONIA FIGUEROA FELICIANO
GUANAJIBO GARDENS, 407
ENRIQUE SEDA
MAYAGUEZ PR 00682-1383
SR MEDICAL WASTE DISPOSAL
INC
COM LAS FLORES
CALLE MARGINAL BZN. 9
AGUADA PR 00602

SONOLUCENTS LABORATORIES
PO BOX 10401
PONCE PR 00732

SPOT ON HOLD
BOX 1836
MAYAGUEZ PR 00681

SUNSET IMAGING, PSC
975 HOSTOS AVE
MAYAGUEZ MALL ST. 12220
MAYAGUEZ PR 00680-1257

SR MEDICAL WASTE DISPOSAL
URB LAS FLORES
CALLE MARGARITA
BOX 9
AGUADA PR 00602

SUNSET IMAGING
975 AVE HOSTOS
MAYAGUEZ MALL
SUITE 12220
MAYAGUEZ PR 00680-1257

SYNES CORP
PO BOX 5080 SUITE 184
AGUADILLA PR 00605

UMECO INC
PO BOX 21536
SAN JUAN PR 00928

VANESSA TORRES VARGAS
HC 09 BOX 97103
SAN SEBASTIAN PR 00685

VELAZQUEZ & CO.
PMB 394 PO BOX 80000
ISABELA PR 00662

WALDEMAR VALENTIN CARO
PO BOX 859
AGUADA PR 00602

WANDA BOURDON ROMAN
PO BOX 4148
AGUADILLA PR 00605

WANDA I CABAN FELICIANO
HC 59 BOX 5188
AGUADA PR 00602

WANDALIZ GONZALEZ
HC-05 BOX 10395
MOCA PR 00676

WESCOM INC
PO BOX 6464
MAYAGUEZ PR 00681-6464

WEST POWER SOLUTIONS
3034 HOSTOS AVE.
AGUADA PR 00602

WORD NET
CENTRO INTERNATIONAL
MERCADERO 90
CARRETERA 165 SUITES 201-02
GUAYNABO PR 00968-8059

YAMIRA DEL C. LUGO ROSARIO
EXT. EL PRADO 81
AGUADILLA 00767

YESENIA ACEVEDO QUILES
HC 07 BOX 71633
SAN SEBASTIAN PR 00685

ZAIDA RAMOS GONZALEZ
PO BOX 143
BARRIO PIEDRAS BLANCAS
AGUADA PR 00602

ZOBEIDA CRESPO
CALLE SAN FRANCISCO #228
AGUADA PR 00602

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF PUERTO RICO**

In re: **AGUADA COMMUNITY CLINIC**

Debtor

Case No. _____

Chapter 7

VERIFICATION OF CREDITOR MATRIX

The above named debtor(s), or debtor's attorney if applicable, do hereby certify under penalty of perjury that the attached Master Mailing List of creditors, consisting of sheet(s) is complete, correct and consistent with the debtor's schedules pursuant to Local Bankruptcy Rules and I/we assume all responsibility for errors and omissions.

Dated: _____

Signed: _____

F. DAVID GODREAU ZAYAS

Attorney for Debtor(s)

Bar no.: **123207**

LAMITER, BIAGGI, RACHID & GODREAU

PO BOX 9022512

SAN JUAN PT 00902-2512

Telephone No.: **(787)724-0230**

Fax No.: **(787)724-9171**

E-mail address:

Signed: _____

DR. EDGARD BAUCAGE